



# Woodshop Registration Form

Expanded Learning Opportunity

**Student Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Gender:** ☐ Male ☐ Female

**Home Address:**

Number

Street Name

City

Zip Code

**Check one or more – Student lives with:** ☐ Both Parents ☐ Mother ☐ Father ☐ Guardian ☐ Other

Name of Mother or Guardian:

Legal Custody ☐ Yes ☐ No

Home Address (If different from student)

Language Spoken

☐ English ☐ Spanish ☐ Other: \_\_\_\_\_

Home Phone

Cell Phone

Work Phone

Email Address

Name of Father or Guardian:

Legal Custody ☐ Yes ☐ No

Home Address (If different from student)

Language Spoken

☐ English ☐ Spanish ☐ Other: \_\_\_\_\_

Home Phone:

Cell Phone:

Work Phone:

Email Address:

Please choose a correspondence language: ☐ English ☐ Spanish

## LOCAL EMERGENCY CONTACT(S)

Name - Relationship	Phone Number(s)
<b>1)</b>	
<b>2)</b>	
<b>3)</b>	

I grant permission to Lodi USD and Weber's Cabinets (Personnel) to contact necessary medical assistance in the event of an emergency.

Personnel will contact the above listed immediately.

If my child becomes ill or injured during tutoring, I agree to retrieve my child as soon as possible.

**Does your child have any medical condition(s) or allergies?** ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

## After Program:

My student will be picked up from the program by someone on this form (Parent, Guardian, and/or Emergency Contact).	<input type="checkbox"/> Yes <input type="checkbox"/> No
My child will walk home.	<input type="checkbox"/> Yes <input type="checkbox"/> No
PHOTO RELEASE AUTHORIZATION: I give permission for my student's photo to be taken for promotional materials.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I release liability from LUSD and Weber's Cabinets.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_